ACCEPTANCE AND WAIVER RE: STATEMENT IN LIEU

STATE OF CONNECTICUT

RECORDED:

OF ACCOUNT
PC-244 NEW 10/98

COURT OF PROBATE

[Type or print in black ink.]

TO: COURT OF PROBATE,		DISTRICT NO.	
ESTATE OF			
			, DECEASED
The undersigned, a distributee	of the above estate	, hereby represents that I:	
I have received a copy of the	Statement in Lieu	of Account for the above estate;	
I understand that Statement ar	nd have no objection	on to any of the expenses or distributions sho	own thereon;
understand that I could requand request the court to wai		ounting from the fiduciary(ies), but I believe ing;	e it is unnecessary
		ng before this court, but I waive my right to Lieu of Account as filed; and	a formal hearing
I acknowledge my right to co	nsult with legal cou	insel.	
Signature	(Date)	Signature	(Date)
Print Name		Print Name	
Signature	(Date)	Signature	(Date)
Print Name		Print Name	
Signature	(Date)	Signature	(Date)
Print Name		Print Name	
Signature	(Date)	Signature	(Date)
Print Name		Print Name	

Please notify the court of any change of address.